

ADR CHAMBERS

Notice of Request for Med-Arb

Please complete this form after reviewing Rule 13.1 of the ADR Chambers Arbitration Rules.

Please note that, pursuant to Rule 13.8 of the ADR Chambers Arbitration Rules, the parties to a med-arb expressly agree to waive section 35 of the *Arbitration Act, 1991*, S.O. 1991, c. 17.

Return the completed form with the non-refundable filing fee of \$800 + HST to:

ADR Chambers
2001 Sheppard Ave. East, Suite 200
North York, ON M2J 4ZB

Claimant

- and -

Respondent

Date

Claimant's Representative or Claimant

TO: Respondent's Representative or Respondent

AND TO: ADR Chambers

NOTICE OF REQUEST FOR MED-ARB

TO THE RESPONDENT:

The Claimant hereby gives notice to the Respondent of its intention to commence mediation-arbitration ("med-arb") proceedings pursuant to the following med-arb or arbitration clause or agreement or contract:

NATURE OF THE DISPUTE AND MATERIAL FACTS BEING RELIED ON:

ISSUES:

ISSUES CONT'D:

**BASIS UPON WHICH ADR CHAMBERS HAS JURISDICTION TO DETERMINE
DISPUTE:**

RELIEF CLAIMED:

**PROPOSALS AS TO THE NAME OF THE NEUTRAL (MEDIATOR-ARBITRATOR),
MEANS OF CONSTITUTING ARBITRAL TRIBUNAL, PLACE OF MED-ARB, AND
LANGUAGE OF MED-ARB:**